NHS
Harrow
Clinical Commissioning Group

Introduction

This annual report provided by Harrow Clinical Commissioning Group (CCG) informs the Corporate Parenting Panel about the health of children and young people who meet the criteria as Children Looked After (CLA) by Harrow Council in accordance with the role of Corporate Parent.

This report will look at the period from the 1st April 2014 to 31st March 2015, but it will also outline the current work being undertaken. The report will look to inform partners of the work Harrow CCG has undertaken to reduce health inequalities and improve the outcomes of children looked after, and it will identify some of the challenges that the service has faced. The focus for the period 1st April -31st March 2015 has been to deliver improved access, timely Initial and Review Health Assessments and delivery of an integrated model of care with improved measurable health outcomes to the service population. The local health economy recognises that the health of children looked after is everyone's responsibility and is reliant on strong partnership working to achieve optimum health for every child and young person.

Children and young people who are looked after share many of the same health risks and problems of their peers but often to a greater degree. Children and young people often enter into care with a worse level of health than the peers, often as a result of poor parenting, chaotic lifestyles, the impact of poverty and abuse or neglect. Outcomes in the longer term for children looked after remain worse than their peers. About 60% of children and young people who are looked after in England have emotional and mental health problems. A high proportion of young people leaving care experience poor health, educational and social outcomes.

Children looked after and young people should expect to have the same opportunities as their peers and be able to manage successfully the transition from childhood to adulthood. The needs of children and young people vary considerably, but some have complex needs that can only be met by a whole range of services operating collaboratively across different settings.

Guidance for Promoting the Health of Looked After Children was produced by the Department of Health in 2002 and a more recent publication Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009) sets out a framework for the delivery of services from health agencies and local authorities to more effectively promote the health and wellbeing of children and young people that are looked after which have been incorporated into Harrow's new model of care. More recent guidance from NICE Looked After Children and Young People Public Health Guidance 28 (2013) also stresses the importance of improving health outcomes for children looked after. It is important that all agencies work together to improve the health and well-being of children and young people who are looked after. Clinical Commissioning Groups (CCG) and NHS England (NHSE) have a duty to comply with requests from the Local Authority to help them provide support and services to children in need. For the duty to be discharged effectively, CCG commissioners are required to ensure they commission the right level of services to meet the particular needs of looked after children (Children Act 1989).

In meeting the health needs of children looked after, services should ensure that access to universal health services are appropriate and immediate to meet the needs, in particular those requiring medical treatment are available. CCG's and NHSE are required to focus on ensuring that universal services as well as targeted and specialist services such as CAMHS where necessary are available. The Designated Professionals for CLA have a responsibility to identify any gaps within the service and inform the appropriate commissioners.

The NHS contributes to meeting the health needs of looked after children by:

- Commissioning effective and appropriate levels of services
- Delivery via fit for purpose provider organisations
- Individual practitioners providing co-ordinated care for each child, young person and carer.
- Quality assurance of the overall health provision for CLA
- Identifying gaps and pro-actively planning on-going care

The CLA Health service in Harrow provides holistic health care for children and young people that are looked after form birth to 18 years of age. They are responsible for ensuring all children looked after receive a holistic health assessment of their health needs both for those placed in Harrow and those out of borough and they work towards enabling all children to reach their full potential. They work in partnership with the child, young person, carer and other agencies to develop care pathways to ensure their health needs are met. The CLA Health Team until 31st May 2015 was provided by London North West Healthcare NHS Trust and they had responsibility to co-ordinate all the statutory CLA health assessments in Harrow and the out of borough placements for Harrow children and young people. Until October 2014 the service was provided by two different providers; with the Designated Doctor role and completion of the Initial Health Assessments being carried out by North West London Hospital Trust (NWLHT) and the CLA Nurse role and completion of the Review Health Assessments being carried out by the Community Services Ealing Hospital Trust (EICO). In October 2014 the two organisations merged to become the London North West Hospital Healthcare Trust (LNWLHT). Due to the fragmentation of the service there is evidence that the CLA service suffered due to the lack of joined up working and the failure to have a strong team and ethos that carried through the service. Concerns had been raised by the CQC in 2012 about the service which resulted in a considerable amount of activity including the recruitment of a Designated Nurse and Doctor for CLA. A further review in January 2014 although positive about the changes that had taken place, indicated that the progress was too slow. In October 2013 Harrow CCG served a Contract Query on the service and by 2014 it became apparent that although considerable support had been provided the service provision remained inadequate and alternative arrangements would have to be made to ensure the quality of the service improved and the health needs of the CLA cohort were identified and met.

Profile of the CLA Population

CLA numbers have been rising during the year and at the 31st March 2015 the rate per 10,000 children was 30.9 compared to 30 at the same time 31st March 2014. Harrow still has a relatively low rate of children in care compared to its statistical neighbours. A high number of children and young people looked after by Harrow Council are placed more than 20 miles

away from home and this has increased from 16.4 in April 2014 to 21.8 in March 2015. This has an impact on meeting the health needs of children placed out of borough partly due to the logistics of ensuring they do not become "lost" in the system and also to the reduced capacity of most CLA Health Teams nationally.

As the table indicates below Harrow's biggest group of young people placed in care are between 16-17 years with relatively low numbers of babies under 1 year of age.

Table1: Breakdown of Age

Age:	March 31st 2014	March 31st 2015
Under 1 yr	17	12
1-4 yrs	23	27
5-9 yrs	22	21
10-15 yrs	50	55
16-17 yrs	55	54

This large number of older young people in care can be challenging as they frequently can be very disillusioned with the system and refuse to actively participate in the health assessment process. There are significantly more males in care than females although the numbers for females have slightly increased. This has traditionally been a feature of the children looked after population.

Health Assessments

It is the responsibility of the Local Authority to ensure that health assessments are carried out for every looked after child or young person. However CCG's have a duty to comply with the requests by Local Authorities for help in the exercise of their functions to make sure that this happens in accordance with their statutory requirements. The Initial Health Assessment should be completed within 28 days in order for it to be available for the first CLA Review. For children under the age of 5 years the Review Health Assessments are carried out every 6 months and yearly for those over the age of 5 years.

Table 2:

Number of Initial Health Assessments:

April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
11	9	7	6	6	11	10	10	9	7	3	7

Number of Review Health Assessments Under 5's:

July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
5	3	2	4	10	6	1	3	1

Number of Review Health Assessments Over 5's:

July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
4	1	2	17	9	4	9	3	3

The timeliness of all health assessments has been an issue for several years which was impounded by the poor collation of data. From April 2014 a database that tracked the journey of a child/young person from entry into care was used effectively which could identify at any point where the delay was within the pathway. During this period performance for the Review Health Assessments (RHA) improved greatly and over 85% were done to timescales. The completion for timescales for Initial Health Assessments (IHA) continued to be poor. There had initially been an improvement in performance in late Autumn 2013 when assistance was provided from Ealing Hospital but this was not sustained. By April 2014 less than 50% were being completed to timescale. A recent deep dive which was completed in response to the Contract query analysed the data for IHA's to understand the unprecedented delay. One of the contributing factors was a failure by the Local Authority to complete the referral within the agreed timescales. This led to some of the weekly clinics not being utilised properly and then a backlog developed. The lack of a Designated Doctor in post by Spring 2014 also meant there was no leadership within the organisation and failures to follow the pathway by the Paediatric staff were not managed effectively. All issues at this time were escalated to the Medical Director within LNWHT who intervened effectively.

In an effort to improve the timeliness of the health assessments a new consent form and referral form was devised and although it is now firmly embedded it took a long while for changes to be fully adopted.

The quality assurance of the IHA/RHA's has been a successful part of the pathway. All IHA's completed in Harrow are quality assured by a Consultant Paediatrician and all the RHA's are quality assured by the Designated Nurse. Health plans are assessed to ensure that the health needs of the children are being identified and that a SMART health plan is recorded. The quality of the health assessments has greatly improved and health practitioners have responded very positively about feedback which has resulted in better practice. The Designated Nurse had a training session with the Health Visitors and School Nurses to provide feedback from the audits on the RHA's.

The quality and timeliness of the health assessments for children and young people placed out of borough are monitored to ensure that the same standard of service and care is provided as those placed in Harrow. There is however a delay in getting the RHA's completed out of area, an issue that is national and not local to Harrow. Any that the CLA Nurse is able to complete within a twenty mile radius or the ones where it was felt that an individual visit by a Harrow clinician was needed, are completed by Harrow Health services. A Key Performance Indicator was introduced to ensure that contact is made with the young person, carer or lead health professional at least every two months to ensure their well-being is monitored even though they are placed out of borough. This close monitoring will continue with the new service.

Over 90% of the Initial Health Assessments were carried out by a Paediatrician which was a significant improvement from previous years. Children and young people that were in a 20 mile radius were also seen at the hospital. Traditionally the unaccompanied asylum seekers were seen by General Practitioners as were many children over the age of 10 years; however the quality of these varied considerably. As a result of this the practice was changed and all IHA's were undertaken by Community Paediatricians unless they were very hard to reach. This had a noticeable impact on the quality of the assessments. The majority of RHA's were carried out by the CLA Nurse with universal services Health Visitors and School Nurses also doing a good proportion. A number of children with complex needs remain under the care of a Paediatrician and there have been some good assessments that have involved both the Paediatrician and the Health Visitor which has allowed for a very full picture of their progress.

Health Needs in Harrow's CLA:

The health needs of children and young people in care are very varied. A number of the younger children have global delay/developmental delay and these are under the care of the Paediatric teams either in Harrow or out of borough. There are several children with complex needs and they receive care from multiagency teams including speech therapists, dieticians and physiotherapists. A breakdown of the under 5's indicates they have problems and require support with temper tantrums, potty training, squints, dental decay and delayed speech. The RHA's indicate that they receive the appropriate input and progress can be seen. With some of the older adolescents there is a concern that they are using a lot of weed which interferes with their ability to sleep and makes them late for School or College, which impacts on their ability to learn. These are young people who frequently do not meet the criteria for CAMHS, will not consent to accessing drug services and there is very little else in place for the young people to access. Some of the young people present with great anger about being in care and having restrictions placed on them and there is no identified service to refer them on to. Another group of concern is the unaccompanied minors. The health assessments frequently indicate they are suffering with none specific aches and pains such as sore legs yet when they are seen by the GP nothing is found. The concern is that these aches and pains are linked with the emotional health and well-being of the young person. They frequently will state they are homesick, lonely and suffering with a low mood and nightmares/terrors. This might be an opportunity for Harrow to re-evaluate the service provision and identify better services for this group of young people.

What is very evident in the health assessments is that children and young people are accessing dental care and visiting Opticians.

Strengths and Difficulty Questionnaire:

It was recognised that Strengths and Difficulties Questionnaires (SDQ's) are not routinely being completed on children and young people when they first came into care or beyond. Again this is not an issue particular to Harrow as CQC has highlighted it as an area that needs to be improved in many areas. The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern. This is an important tool for providing an indication about the level of concern about the CLA

cohort and should give a strong indication of where future resources need to be allocated. An agreed pathway between the Local Authority and the CLA Health team is now in place in Harrow and there is evidence now that SDQ's are contributing to the Review Health Assessments.

Sexual Health and Teenage Pregnancy:

Teenage pregnancy is a complex issue affected by personal, social, environmental and economic factors. If a young woman experiences multiple risk factors the evidence suggests that she has a 56% chance of becoming a teenage mother compared with a 3% chance for young women experiencing none of these risk factors. Teenage pregnancy disproportionately affects those who were already disadvantaged and this further increases the likelihood of future social exclusion. Research has indicated that a number of risk factors are associated with teenage pregnancy and many of them are associated with the CLA cohort:

- Living in a deprived area
- Limited knowledge of where to access contraception and sexual health advice
- Living in care
- Alcohol and substance misuse
- Early onset of sexual activity
- Low educational attainment
- Disengagement form School
- Leaving School at 16 with no qualifications

Research both nationally and internationally has shown that where the teenage conception rates have fallen fastest indicates there are four main elements that need to be addressed and again these are all pertinent to the CLA cohort.

- Work to tackle low aspirations and self-esteem
- Effective sex and relationships education
- Easy access to young people centred contraceptive and sexual health advice services where they need them and when they need them
- Addressing educational underachievement and lack of engagement in learning post 16

Public Health commission sexual health services in Harrow and the Contraceptive and Sexual Health Service provided by London North West Healthcare is vital to improving the sexual health of young people. The service is based at Caryl Thomas Clinic in the heart of the community and is accessed by young people within the community. Another very important service provided is the "clinic in a box" which is held at the Gayton Road Hotel on a fortnightly basis. The Gayton is used by the Local Authority to accommodate young unaccompanied asylum seekers. (*See attached report)*

Teenage pregnancy is supported by the Teenage Midwife in Northwick Park Hospital and close working between the GP and Health Visitor ensures they are supported. Harrow does not have a high incidence of teenage pregnancy but it can impact on the CLA female population and they require support to ensure good outcomes for the pregnancy and subsequent birth.

Child Sexual Exploitation:

The sexual exploitation of children and young people is a form of abuse. All children and young people are at risk of being sexually exploited but children looked after and young people are particularly vulnerable. Raising awareness and knowledge of all professionals through training and information sharing and having robust systems and processes in place for professionals to follow when they have concerns are essential. The Harrow Local Safeguarding Children Board (LSCB) is leading on this and the CLA Health professionals have been involved. Following the Government publication in 2011 of Tackling Child Sexual Exploitation many areas established a Multi-Agency Sexual Exploitation (MASE) Panel and Harrow has such a panel. This is a meeting where agencies share information about potential or recognised risks to children and young people who have been or could become subject to sexual exploitation. The intention is to share intelligence, provide early intervention, reduce the risks to the young person and consider how to disrupt the activities of the perpetrator/s. The Harrow MASE has representation from the CLA team and the Sexual Health Team and they actively work to protect vulnerable young people.

Serious Case Review:

As the Corporate Parenting Panel is aware a recent Serious Case Review involving a young person who was looked after by Harrow Council has been completed. The resulting action plan from the report has recommendations for many of the services that were involved with his care. This case was very pertinent because it highlighted the issues with young people who are placed out of borough but have several geographical moves to access specialist care. It demonstrated that the pathway in place to ensure vital information followed the young person is not robust. The new CLA Health Team is aware of the recommendations within the report and will be encompassing them in their work with out of borough children and young people. Child Adolescent Mental Health Service (CAMHS) has already met with the Designated Nurse Safeguarding to explore implementing some of the recommendations and they will be working closely with the new CLA Health team.

Support for Foster Carers:

Over the past year the Designated Nurse has worked closely with the Foster carers to inform and support the very vital work they do to improve the health outcomes for CLA and young people. General advice has been provided on equipment, positioning of babies in cots and information on mattresses.

The aim of developing good communication channels was to ensure that the Foster carers know how to support the children in their care, that they know how to access services to support children and to provide healthy lifestyles. The sessions provided information about the health assessment process, minor ailments, immunisations, child development and play equipment. CAMHS also provided a session. There is another session arranged for

September 2015 which will allow the new service to meet the carers and there is a hope that the health team can contribute to the Foster Carers Newsletter.

Adoption and Fostering Panel:

Due to the concerns and lack of clarity about arrangements for the Adoption and Fostering Panel Harrow CCG requested a review of the service which was completed by the Designated Doctor for Safeguarding. Attendance at the Panel from summer was provided by the Designated Doctor for Safeguarding Children. This has resulted in the monthly Adoption Panel having the Medical Advisor in attendance and Pre-Adoption reports have been completed in a timely way. Also all adult medical assessments have been reviewed so that the health issues of potential Adoptive Parents or Carers can be assessed in a timely manner. The findings from the review resulted in the Panel being integrated into the new service.

New Service Provision:

The Panel has been kept advised about the new service provision. The new CLA Health Team is now commissioned from Central North West London (CNWL). The service is jointly commissioned by Harrow CCG and Harrow Local Authority. A very robust Service Level Agreement has been agreed and the new service commenced on June 1st 2015. The launch of the service was held on the 5th June at the Civic Centre and was well attended by partner agencies that all came to meet the new team (see attached flyer). To ensure a smooth transition the CCG, Local Authority, CNWL and NWLHT met regularly to look at any challenges that might impact on the service delivery. It has been a relatively good transition and CNWL are providing timely and good quality health assessments, both IHA's and RHA's. This will be the last report provided for the Panel by the Designated Nurse from the CCG and the Designated Professionals from CNWL will attend and provide reports as requested. Harrow CCG is confident that the service delivery will be professional and of a good quality.

Future Developments:

- Further development of the SDQ pathway to ensure it is embedded in the health assessment process
- Embed the recommendations from the SCR in the new CLA Health Service
- Care Leavers will have a comprehensive health record and know how to access services
- Audit plan

Sue Dixon

Designated Nurse Safeguarding and CLA

Harrow CCG

July 2015

Contraceptive and Sexual Health Service for Harrow
Caryl Thomas Clinic, Headstone Drive, Wealdstone, Harrow HA1 4UQ

UASC Gayton Hotel - 'clinic in a box' 2014 -2015

1.0 Introduction

The Gayton Road Hotel is used by Harrow Social Services to accommodate young unaccompanied 16-18 year olds who are seeking asylum in the U.K. 'Clinic in a box' has been provided at the hotel on an "fortnightly" basis by an Outreach Nurse specialist since 2007, with the aim of improving sexual health service access for the young residents.

The clinic runs alternate Tuesday evenings however during the college breaks to accommodate the resident's lifestyles it may be provided during the day. This year 26 clinical sessions and another 2 SRE sessions have been provided.

Due to the changes in service structure within the local authority and, without a named Looked After Children's Nurse there have been challenges with maintaining partnership working. However this has recently improved and hopefully will continue in the next year.

Each newly arrived young person has also been provided with either a one to one, or in a group sexual health education session through an interpreter. Many of the clients have received no sex education in their country of origin and so the sessions have covered basic anatomy and physiology of the male and female reproductive systems, as well as pregnancy, contraception, condom use and sexual health risks. Sexual health service access and confidentiality is also explained.

2.0 Summary

- 69 total contacts to 'clinic in a box'
- 66 % contacts males
- 24 young people accessed
- 2 of the 8 new clients had had formal sex education at school prior to arrival in this country, 2 of the others stated family or friends
- 5 of the 8 new clients stated already sexually active(3 stated before age 16)
- 2 SRE sessions provided with the help of an interpreter

3.0 Audit

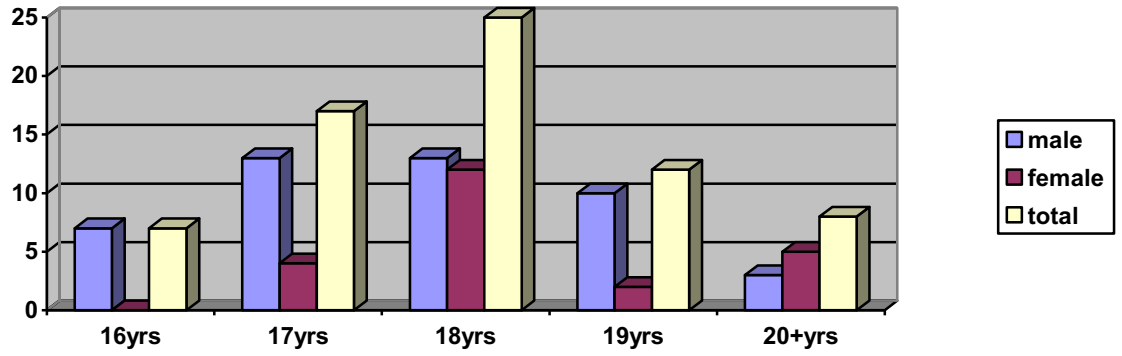
Total number of young people accessing the clinic this year 24

- New registration (1st contact with contraceptive services) 8 (6males)
- Accessed but previously registered in2013/14 16(14males)

- Total number of visits to clinic 69
- Repeat visits 61

- Male visits 46
- Female visits 23

3.1 Age Group (n =69)



3.2 Ethnicity: at first contact (n=8)

Any other White Background	3
Black African	3
Any other Asian Background	2

3.3 Country of Origin (n=8)

Table showing country of Origin new contacts

Afghanistan	2
Albania	2
Eritrea	3
Poland	1

3.4 Age First Sex: (n=8)

5 stated sexually active, 3 before 16 years: 3 in long term relationship of over 6 months using condoms: 1 had used emergency contraception in the past. None of them had any STI screening in the past or knowledge of sexual health risks, due to lack of any prior education.

3.10 Sex education: None had any sex education until arriving in the UK, this was provided at the Gayton with interpreters for each new contact by 'clinic in a box'

3.11 Service Provision – all contacts (n=69)

Male	**Total**
Condoms	38
Consult	9
Chlamydia screening	7

Female	**Total**
Condoms	6
Hormonal Contraception	4
Emergency Contraception	1
Consultation	15
Pregnancy test	1
Chlamydia test	1
Referral	4*

- Referrals to young person's counsellor

Case study:

Due to confidentiality no case study has been provided.

There are many challenges working with the residents at the Gayton Hotel. All of the young people are unaware of sexual health risk and choices with contraception, STI's and pregnancy. Most arrive at the Gayton Hotel with little or no knowledge about healthy sexual relationships. The challenge is to improve their knowledge and understanding of consent and choice, as many will have experienced some form of sexual violence or non-consensual sexual experience in the past.
Our role is vital in advising, supporting and informing about their sexual health. Discussions cover all options of contraception, screening for infections and treatment, referring on when necessary. Equally our role involves supporting young women in decisions that they make with pregnancy choices, referral and on-going support for each individual woman.

Central and North West London NHS
NHS Foundation Trust

Harrow Children Looked After Health Team

Email: cnw-tr.harrowcla@nhs.net

Designated Nurse (LEFT): Emma Hedley Tel: *01895 484 945* Mobile*: 07802 873 612*

Specialist Nurse (MIDDLE): Laurie Ward Tel: *01895 484 935* Mobile: *07802 873 687*

Administrator (RIGHT): Sandhya Marwaha Tel: *01895 488 945*

Designated Doctor: Ruby Schwartz

GP (CLA): Dalia Bialostocky

COMPASSION RESPECT EMPOWERMENT PARTNERSHIP

Wellbeing for life
London | Milton Keynes | Kent | Surrey | Hampshire